

Foster Family Home - Corrective Action Report

Provider ID: 3-835310

Home Name: Bernadette Carlson, CNA

Review ID: 3-835310-4

14-801 Ulukoa Street

Reviewer: Carol Copeland

Kailua-Kona HI 96740

Begin Date: 5/3/2017

End Date: 5-11-17

Foster Family Home

Required Certificate

[17-1454-6]

3.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for a two year recertification for three clients.

Carol Copeland
Compliance Manager

Bernadette R. Carlson
Primary Care Giver

5/11/17
Date

5/5/17
Date